

March 31, 2009

County of Los Angeles

500 West Temple Street Los Angeles, CA 90012

The Honorable Board of Supervisors

383 Kenneth Hahn Hall of Administration

Los Angeles County Board of Supervisors

> Gloria Molina First District

Mark Ridley-Thomas Second District

> Zev Yaroslavsky Third District

> > Don Knabe Fourth District

Fourth District

Michael D. Antonovich Fifth District Dear Supervisors:

ACCEPT GRANT FROM CALIFORNIA HEALTH CARE FOUNDATION
FOR HARBOR-UCLA MEDICAL CENTER
(SUPERVISORIAL DISTRICT 2)
(4 VOTES)

John F. Schunhoff, Ph.D. Interim Director

Robert G. Splawn, M.D. Interim Chief Medical Officer SUBJECT:

Request approval to accept grant from the California Health Care Foundation and sign Letter of Agreement in the amount of \$29,969.

IT IS RECOMMENDED THAT YOUR BOARD:

- Authorize the Interim Director of Health Services, or his designee, to sign the attached Grant Agreement, No. 08-1786, in the amount of \$29,969 from the California Health Care Foundation (CHCF) to provide training for the design of a Palliative Care service at Harbor-UCLA Medical Center (Harbor), effective January 28, 2009 through June 30, 2009. There is no net County cost associated with the grant.
- Delegate authority to the Interim Director of Health Services, or his designee, to accept and sign CHCF Grant Agreements for funds of no more than \$100,000 for each Department of Health Services' (DHS) facility, contingent upon prior review and approval by County Counsel and the Chief Executive Office.

# PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Approval of the first action will allow DHS to accept the grant and sign the Grant Agreement, Exhibit I, which will allow DHS to obtain staff training for the design of a Palliative Care service that provides supportive care to patients with serious or life-threatening illnesses, as well as those with end-of-life needs. The main purpose of the grant is to

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train multi-disciplinary staff at Harbor. This training will allow Harbor to implement a Palliative Care service in compliance with The Joint Commission Standards Improvement Initiative for palliative care. The grant also includes funds in the amount of, \$9,000 to obtain a grant writer to submit future grants for the implementation and expansion of the Palliative Care service. The CHCF had intended that the grant be for five months from January 28, 2009 through June 30, 2009. However, the letter awarding the grant dated January 22, 2009, was not received until the end of January. Due to the lead time needed to obtain Board approval, acceptance of the grant has been delayed.

Approval of the second action will delegate authority to DHS to accept and sign CHCF Grant Agreements for future grant funds of no more than \$100,000 for each DHS facility, which will expedite the process of using the funds to improve patient care and meet grant conditions and deadlines. Harbor intends to apply for future grants to expand the Palliative Care service and this authority will expedite the utilization of any funds. Other DHS facilities may also take advantage of these and other similar CHCF grant opportunities and the delegated authority will facilitate the acceptance and utilization of any grant funds received.

# Implementation of Strategic Plan Goals

These actions support Goal 4, Health and Mental Health, of the County's Strategic Plan.

## FISCAL IMPACT/FINANCING

DHS will receive funding in the amount of \$27,500 within 30 days of receipt of signed grant agreement. The balance of the award in the amount of \$2,469 will be sent within 30 days of receipt and approval of a final financial report and all project deliverables from the facility by August 31, 2009.

Harbor will use existing appropriation offset by the CHCF grant to fund the cost of training, travel, and other direct costs for the Palliative Care Leadership Center training program to assist in the training and planning of Palliative Care services at Harbor. The remaining funds will be used for site visits to other Palliative Care programs within the Los Angeles County and in-service training.

There is no net County cost associated with the grant. Expenses are 100% offset by the grant funds.

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# FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The CHCF's goal is to establish palliative care programs, with an emphasis on reaching diverse communities, in two-thirds of California public hospitals by 2011. Three types of grants will be awarded under this initiative: planning, implementation, and expansion. Harbor staff submitted a proposal for spreading Palliative Care in Public Hospitals-Planning Grants, the first of the three types of grants, to the CHCF. In a letter received January 22, 2009, Harbor was informed that they were awarded a grant from CHCF in the amount of \$29,969 for a Palliative Care Planning Team. Using a grant writer, Harbor will apply for the two remaining stages of the Palliative Care program initiative.

The grant will provide Harbor the necessary training to plan an interdisciplinary Palliative Care service program, which complies with The Joint Commission Standards Improvement Initiative for palliative care. A condition of the grant is that staff must attend a two day training program in San Francisco in March. The goal of Harbor is to develop a well trained Palliative Care Team to engage all service directors, clinical and medical staff employees in identifying and supporting patients with serious and/or life-threatening illnesses as well as other patients who would benefit from Palliative Care services.

Under the terms of the grant CHCF may terminate the grant at any time if Harbor becomes unable to carry out the purpose of the grant, ceases to be an appropriate means of accomplishing the purpose of the grant, or fails to comply with any of the conditions of the grant award.

County Counsel has reviewed and approved the Grant Agreement, Exhibit I, as to form.

# CONTRACTING PROCESS

Not applicable.

## IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will assist in the development of Palliative Care service at Harbor and expedite the acceptance and utilization of future grants.

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# CONCLUSION

When approved, DHS requires three signed copies of the Board's action.

Respectfully submitted,

John F. Schunhoff, Ph.D.

Interim Director

JFS: jec

Attachments (2)

c: Chief Executive Officer

County Counsel

Executive Officer, Board of Supervisors

CHCF BL



## **GRANT AGREEMENT AND CONDITIONS**

This grant from the California HealthCare Foundation (CHCF), a California nonprofit public benefit corporation, is for the purposes described below and is subject to your acceptance of the conditions specified below. This Agreement will be effective when signed by a properly authorized representative of your organization and returned to CHCF.

Grant Number:

08-1786

Grantee:

County of Los Angeles

**Award Amount:** 

\$29,969

Period of Grant:

January 28, 2009 through June 30, 2009

Project:

**Palliative Care Planning Team** 

**Project Director:** 

Ms Elizabeth Magsino

Phone:

(310) 222-4138

Fax:

(310) 212-5040

#### Purpose:

To train staff and design a Palliative Care Service for Harbor-UCLA Medical Center

**CHCF Staff Assigned to this Grant:** 

Kate O'Malley, Senior Program Officer

#### Report Schedule:\*

Date Due Type of Report

January 29, 2009	Signed Agreement		
January 30, 2009	Confirmation of Registration for the Palliative Care Leadership Training in San Francisco on March 16-17, 2009		
June 30, 2009	Final Report		
August 31, 2009	Final Financial Report (for period covering January 28, 2009 through June 30, 2009)		

<sup>\*</sup> It is the Grantee's responsibility to submit deliverables and reports on time and to alert CHCF if problems arise that impact the grant reporting schedule.

All financial reporting must be submitted on CHCF Financial Report Forms, which can be downloaded from our Web site (<a href="www.chcf.org/grantinfo/grantees">www.chcf.org/grantinfo/grantees</a>). Guidelines for writing Progress Reports, Final Narrative Reports, and reports and manuscripts for potential CHCF publication can also be downloaded from this same section of our Web site.

#### Payment Schedule:

\$27,500

Within 30 days of receipt of Signed Agreement and Confirmation of

Registration for the PCLC Training, due January 30, 2009

\$2,469

Within 30 days of receipt and approval of Final Financial Report and all

project deliverables, due August 31, 2009

## Objectives/Scope of Work:

#### Grantee will:

- Form a hospital-based interdisciplinary team including physician and administrative leaders, nursing, social work and spiritual support staff to explore the possibility of establishing a palliative care service.
- 2. Complete PCLC's two-day training program within the grant period. Grantees may send up to six individuals from each site's Palliative Care Planning Project team (teams should include senior administrative and financial leaders, physicians, nurses, and social workers) to the two-day training at the University of California Palliative Care Leadership Center in San Francisco. PCLC training dates are March 16-17, 2009. Registration is completed on-line through the Center to Advance Palliative Care at: <a href="https://pclc.capc.org/">https://pclc.capc.org/</a>
- 3. Send two team representatives to the Spreading Palliative Care in Public Hospitals annual grantee meeting, scheduled for May 27, 2009 (in the Los Angeles area). The California HealthCare Foundation will cover the travel/per diem expenses for the two representatives to attend.
- 4. Submit a final project summary report detailing the grantee's learning experience and plans for development of a palliative care program.

Evaluat	ion:	Not Applicable.			
Special	Conditions	None.			
Type of	Organizati	on* (Check one)			٠
	Private Fo	oundation			
	501(c)3 or	ganization			
	Other non	profit organization	TYPE:	501(c)	
	*Documer	ntation Required			

# GRANT CONDITIONS

#### 1. Political Activities

Grant funds may not be used for any of the following purposes: to carry out propaganda, or otherwise attempt to influence legislation; to influence the outcome of any specific public election or to carry on directly or indirectly any voter registration drive; to make any grants that do not comply with the rules for individual grants and organizational grants in Section 4945 of the Internal Revenue Code; or to undertake any activity for a non-charitable purpose.

#### 2. IRS Determination

The Grantee shall provide immediate written notification to CHCF of any changes in the Grantee Institution's tax status as defined by the Internal Revenue Code.

3.	Reporting					
		_	 	 		 

For Reports that may be required as a condition of this grant (see "Report Schedule" on page 2 of this agreement for the specific requirements of this grant), the Grantee should follow CHCF's guidelines and forms available on its Web site (<a href="www.chcf.org/grantinfo/grantees">www.chcf.org/grantinfo/grantees</a>). These reports include Interim and Final Financial Reports, Progress Reports (narrative), Final Narrative Reports, and reports and manuscripts for potential CHCF publication. If the Grantee is unable to download these guidelines and forms, the Grantee may contact the CHCF staff assigned to this grant and request for these materials to be mailed.

#### 4. Expenditure of Funds

This grant is to be used in accordance with the Grantee's approved program and budget. Permission to make any major changes in program objectives, implementation strategy, key personnel, timetable, or in the approved budget (line items added or deleted or transfers among line items, amounting to \$1,000 or 10 percent of the approved line item amount, whichever is

larger), must be requested in writing, and CHCF's approval obtained before such changes are implemented.

Grantees are encouraged to deposit grant funds in insured interest bearing accounts. Interest funds accrued during the course of the grant may be used to benefit project activities with prior approval of CHCF staff assigned to the project. Any funds (including interest accrued) not expended or committed for the purposes of the grant within the grant period (or any authorized extension of the grant period) must be returned to CHCF within 60 days of the close of the grant.

#### 5. Payments

All payments under this grant will be made in accordance with the specific requirements described under the "Payment Schedule." Payments contingent on progress reports listed under the "Report Schedule" will be issued within thirty (30) days of receipt and approval of the reports. Reference: page 2 of this agreement.

#### 6. Financial Records

The Grantee is expected to maintain complete books and records of revenues and expenditures for the project, which should be made available for inspection at reasonable times if deemed necessary by CHCF. CHCF, at its expense, will periodically audit a selected number of its grants. If your grant is selected, you will be expected to provide all necessary assistance in connection with such audit. Records must be kept for at least three (3) years after completion of the grant.

#### 7. Acknowledgment and Publicity

CHCF may periodically issue a general press release announcing grant awards. If the Grantee wishes to issue a press release regarding this grant, CHCF requires review and final sign-off of the text by its Publishing and Communications Department.

Any publication produced by the grantee that refers or results from this grant should include an acknowledgment of CHCF that reads: Supported by a grant from the California HealthCare Foundation, based in Oakland, California.

#### 8. Grant Termination

CHCF, at its sole option, may terminate the grant at any time if, in CHCF's judgment, the grantee becomes unable to carry out the purposes of the grant, ceases to be an appropriate means of accomplishing the purposes of the grant, or fails to comply with any of the conditions of the grant award.

# 9. Limitation

. . . .

It is expressly understood that CHCF has no obligation to provide other or additional support for this or any other project or purposes.

Acceptance of Terms and Conditions. This document is to be signed by an official authorized to sign for your organization and by the project director,\* signifying that your organization agrees to comply with all the terms and conditions of the grant specified above. If the project director is authorized to sign for the institution, the same person may sign in both capacities.

The above terms and conditions of the grant are hereby accepted and agreed to as of the date specified:

For:	Harbor UCLA Medical Center	
	Grantee Institution	
		•
By:		
	Signature of Authorized Official	Signature of Project Director
	Miguel Ortiz-Marroquin	Elizabeth Magsino, RN, BSN, CPHQ
	Name	Name
	Chief Executive Officer, MetroCare Regional Health System	Director of Quality Assessment/Benchmark Coordinator, QA/RM Department
	Title	Title
	2/9/2009	2/9/2009
	Date	Date

<sup>\*</sup>The project director is the individual directly responsible for developing the proposed activity, its implementation, and day-to-day direct supervision of the project.

Please return a signed copy of this document to:

Faith Wu, Program Assistant California HealthCare Foundation 1438 Webster Street, Suite 400 Oakland, CA 94612



January 22, 2009

Elizabeth Magsino, RN, BSN, CPHQ Director of Quality Assessment/Benchmark Coordinator Harbor UCLA Medical Center 1000 West Carson Street Torrance, CA 90509

Dear Ms. Magsino:

Reference: Grant # 08-1786

It is my pleasure to inform you that the California HealthCare Foundation is awarding a five month grant in the amount of \$29,969 to the County of Los Angeles to provide support for the project, *Palliative Care Planning Team*.

The grant is subject to the terms described in the Grant Agreement and Conditions enclosed with this letter. Kate O'Malley, Senior Program Officer, will have responsibility among our staff for this grant. Please sign this agreement, and mail or fax (510-238-1388) one signed copy to Faith Wu, Program Assistant. A copy should also be retained in your files.

One of the grant requirements is participation in the UCSF Palliative Care Leadership Center Program, on March 16-17, 2009 in San Francisco. The registration process is described on page 2. For questions about the program, call Kathleen Kerr at 415-476-0682; for questions about registration, call Salina Ng at 415-476-4838.

We are happy to make this grant and look forward to working with you on this project.

Sincerely,

Mark D. Smith

MDS/fmw Enclosure